



Client No. 2036		Client Name O.H. materials				Location 1002 Oswego St. Utica		Date 5/12/87							
Facility Equipment		Defex Clock 1		Weapon No.		Holster		Nightsick		Raincoat 1		Flashlight 1		Other Gate & Trailer Keys	
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.															
Officer - Day Shift (Name) ok. K. Felix				Officer - Swing Shift (Name) ok. Del Vecchio				Officer - Grave Shift (Name) Dick Kokoszki							
Shift Began 8 PM Ended 4 AM				Shift Began 4 AM Ended 12 PM				Shift Began 12 PM Ended 8 AM							
Observations or actions taken															
Rounds or stations missed															
Unlocked doors, gates or windows															
Unlocked vaults or safes															
Fire-smoke-or hazards															
1. Extinguishers missing or defective															
2. Sprinkler system defective															
3. Fire doors or exits blocked															
4. Rubbish accumulation															
5. Motors running															
6. Lights left burning															
Injury hazards															
Visitors EPA & OHM people on site.															
Trespassing															
Violation of company rules															
Remarks N.Y.S. SCOTT FOTI D.E.S. ON SITE FOR NEW YORK STATE.															
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.															
1. Were you injured during this tour?															
2. Did you suffer any illness?															
3. Have you reported all accidents coming to your attention?															
Signatures 1 Kenneth Felix				Signatures 2 Kurt Del Vecchio				Signatures 3 Dick Kokoszki							
Signatures 2				Signatures 3											
Signatures 3															

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